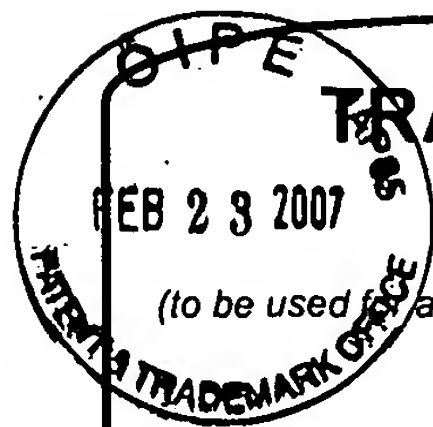


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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/621,375
Filing Date	July 18, 2003
Inventor(s)	Leif JOHANNSEN et al.
Group Art Unit	2614
Examiner Name	Phylesha Larvinia Dabney
Attorney Docket Number	45900-000748/US

**ENCLOSURES (check all that apply)**☒ Fee Transmittal Form☒ Fee Attached☒ Amendment☒ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Assignment Papers  
(for an Application)☐ Letter to the Official Draftsperson and  
\_\_\_\_\_ Sheets of Formal Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a  
Provisional Application☐ Power of Attorney, Revocation  
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ After Allowance Communication to  
Group☐ LETTER SUBMITTING APPEAL  
BRIEF AND APPEAL BRIEF (w/clean  
version of pending claims)☐ Appeal Communication to Group  
(Notice of Appeal, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s)  
(please identify below):

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name John A. Castellano	Reg. No. 35,094
Signature			
Date	February 23, 2007		

<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <b>OFFICE TRANSMITTAL</b>  <b>for FY 2007</b>  <b>FEB 23 2007</b>  <i>Effective 2/8/2006. Patent fees are subject to annual revision.</i> </div>		<b>Complete if Known</b>	
		Application Number	10/621.375
		Filing Date	July 18, 2003
		First Named Inventor	Leif JOHNANNSEN et al.
		Examiner Name	Phylesha Larvinia Dabney
		Art Unit	2614
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	45900-000748/US
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00			

<b>METHOD OF PAYMENT (check all that apply)</b>					<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None					<b>3. 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\*\*or number previously paid, if greater; For Reissues, see above.

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	John A. Castellano	Registration No. (Attorney/Agent)	35,094	Telephone	(703)668-8000
Signature				Date	February 23, 2007

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.